

Submit 3 Copies To Appropriate District Office District I 1625 N. French Dr., Hobbs, NM 87240

Conditions of Approval, if any:

State of New Mexico Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

May 27, 2004 WELL API NO.

District II OII CONCEDIA	TION DIVIDION	30-045-24994 0151 3
1301 W Grand Ave Artesia NM 88210 UIL CUNSER V P	ATION DIVISION	5. Indicate Type of Lease
	St. Francis Dr. NM 87505	STATE FEE x
District IV	INIVI 6/303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		o. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS OF	N WELLS	7. Lease Name or Unit Agreement Name:
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		MONTOYA COM
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FOR PROPOSALS.)	RM C-101) FOR SUCH	
1. Type of Well:		8. Well Number
Oil Well Gas Well X Other		1A
2. Name of Operator		9. OGRID Number
XTO Energy Inc.		5380
3. Address of Operator		10. Pool name or Wildcat
2700 Farmington Ave., Bldg. K-1, Farmington,	NM 87401	BLANCO MESAVERDE
4. Well Location		
Unit Letter P: 1190 feet from the	SOUTH line and	990 feet from the EAST line
One Better	mio uno	nec nom mo mic
	2N Range 13W	NMPM County <b>SAN JUAN</b>
11. Elevation (Show wi	hether DR, RKB, RT, GR, 5879' GR	etc.)
Pit or Below-grade Tank Application Or Closure		
Pit type Depth to Groundwater Distance from near	rest fresh water well I	Distance from nearest surface water
Pit Liner Thickness: mil Below-Grade Tank: \	Volumebbls; Construc	tion Material
12. Check Appropriate Box to Inc.  NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK PLUG AND ABANDON  TEMPORARILY ABANDON CHANGE PLANS  PULL OR ALTER CASING MULTIPLE  COMPLETION	SU	BSEQUENT REPORT OF:  ALTERING CASING  LING OPNS.  PLUG AND ABANDONMENT
OTHER:	OTHER: SUBSEQU	ENT CHEMICAL TREATMENT
13. Describe proposed or completed operations. (Clearly state of starting any proposed work). SEE RULE 1103. For N or recompletion.		· •
XTO Energy Inc. performed a chemical/acid trea	atment on this well in	the following manner:
MIRU pump truck. Pumped 200 gals 15% HCl acid inhibitor) & 2 gals CB-1089 (iron controller) truck.		
RWTP @ 11:00 a.m., 12/19/2006.		
I hereby certify that the information above is true and complete grade tank has been will be constructed or closed according to NMOCD g	to the best of my knowled uidelines, a general perm	ge and belief. I further certify that any pit or belowit or an (attached) alternative OCD-approved plan
SIGNATURE LIVY C. Perkins		COMPLIANCE TECH DATE 1/3/2007
Type or print name HOLLY C. PERKINS	E-mail address: <b>b</b>	olly_perkins@xtoenergy.com Telephone No. 505-324-1090
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For State Use Only	SEPUTY OIL & GAS I	1AN () 4 71111/
APPROVED BY TO MILLIAMINE TO	TITLE	DATE STATE